behaviors define population groups that are socially and culturally distinct from the "general population" (Singer, 1994). However, individuals who share a common risk behavior, such as injection drug use, may represent diverse racial, ethnic, cultural, and social class backgrounds, as a recent ethnographic study in New Jersey demonstrated (Glick Schiller et al., 1994). Media stereotypes portray men who engage in homosexual behavior as white, middle class, and living a "gay lifestyle," and injection drug users as racial/ethnic minorities who engage in criminal activity to support their drug habits and are often homeless. In reality, there are injection drug users who are white, steadily employed and in stable housing situations, and there are many men of all races, ethnicities, and social class backgrounds who engage in homosexual behavior and may not identify themselves as "gay" or homosexual.

In contrast to health behaviors, social class categorizations more accurately reflect the social, economic, and cultural affiliations which define population groups. Social class, usually defined by social scientists on the basis of wealth, income, occupation, and education, often determines (along with race/ethnicity) where a person lives and works, and with whom a person will develop friendships and intimate sexual relationships. For AIDS prevention efforts, social class groups may represent a more appropriate target for culturally-specific health education programs and community interventions than groups defined solely by high-risk behaviors.

Unfortunately, social class patterns of AIDS morbidity and mortality have not been widely reported. Lack of recognition of the importance of social class in determining health outcomes has resulted in the exclusion of social class data from national health data systems (Krieger and Fee, 1994), including the AIDS morbidity surveillance system. Social class patterns of AIDS morbidity are therefore only available from expensive epidemiological studies, which are rarely geographically and temporally comprehensive.

In this study, social class patterns of AIDS mortality among young adults in North Carolina were investigated using the education and usual lifetime occupation of the decedent as recorded on the death certificate. AIDS mortality was associated with a more privileged social class position (i.e. college education, white collar occupation) among young white men and black men, but not among young black women. These findings suggest that the social class patterns of AIDS mortality in North Carolina are complex, varying by both race and gender, and may differ from "typical" patterns of AIDS mortality found in New York City and other large metropolitan areas, where many previous research studies of AIDS have been conducted.

Weaknesses in the data available to investigate social class patterns of AIDS mortality highlight the need for further study before firm conclusions can be drawn. Education and occupation alone are not the best measures of social class position (Kreiger and Fee, 1994), however, these data items are all that are currently available in routine health surveillance systems. The proportionate mortality ratio measure used in this study provides a good approximation of relative risk estimates, which would ideally be calculated by comparing population-based mortality rates (Rosenberg, 1993). However, the possibility of statistical bias in the PMR estimates leading to the findings observed in this study can not be completely eliminated. For example, an elevated PMR for AIDS in one social class group could reflect unusually low mortality from other causes of death instead of higher than average AIDS mortality.

In conclusion, AIDS has afflicted North Carolinians of all ages, races, and social class positions, although young black men have suffered the highest mortality from AIDS. AIDS deaths have occurred in almost all of North Carolina's 100 counties. While state AIDS mortality rates are still below the national average, the findings of this study emphasize that AIDS is a growing public health problem in North Carolina.